



YTC RESIDENT FILE AUDIT

Officer's Name: _____ Date: _____
 Youth's Name: _____
 DOB: _____ County of Commitment: _____

Meets Standards				
Yes	No	N/A		Comments
			1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Card	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YMS Face Sheet – Review YMS	
			2	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Plan	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YLS/CMI – Review YMS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Progress Reviews	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discharge Summary	
			3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referrals	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Releases	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical/Dental Health Data (after release)	
			4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Court Order	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intervention Agreement	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restitution/Community Service	
			6	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronological Log – Review YMS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YTC Rules Sign Off Sheet	

 Supervisor's Signature

 Date

Original to Supervisor File
Copy to Supervising Officer, Youth's YTC File, and YCC Bureau Chief